



Pharmacy Benefit Management Benefit Overview 2004

Presented to:

Maricopa County



Walgreens
HEALTH
INITIATIVES



Preferred Retail Network

Over 50,000 Chain and Independent pharmacies in 50 states and Puerto Rico including:

- 
- ★ Walgreens
 - ★ Albertson's/Osco
 - ★ K Mart
 - ★ Fry's
 - ★ Longs
 - ★ Target
 - ★ Sam's Club
 - ★ Costco
 - ★ Wal-Mart
 - ★ CVS
 - ★ Safeway
 - ★ plus most independents

WHI 3-tier Formulary



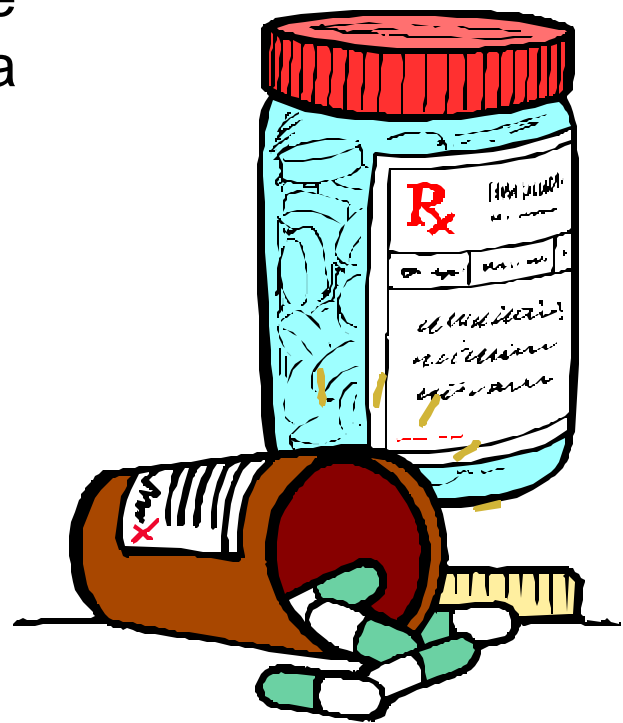
- ★ Generic - the lowest copayment for covered generic drugs.
- ★ Preferred Brand (Brand-On) - Formulary list of approved drugs that have been selected based on clinical advantage and then cost.
- ★ Non-Preferred Brand (Brand-Off) - the highest copayment applies to any drugs not listed on the WHI formulary *OR* for brand name drugs that have a generic equivalent.



Retail Pharmacy Benefit

The retail benefit should be used for medications needed right away or for a short time only. You may obtain up to a 30-day supply of medication at the following copay:

- ★ Generic - 25%
\$2 minimum, \$10 maximum
- ★ Preferred Brand - 30%
\$5 minimum, \$25 maximum
- ★ Non-Preferred Brand - 30%
\$20 minimum, \$50 maximum



90-day Supply at Retail

- ★ A new convenient way to obtain a large supply of maintenance medication
- ★ **Only available through Walgreens stores**
- ★ Additional discount over 30-day retail
- ★ Copays are three times the retail;
 - generic 25%, \$6 min, \$30 max
 - brand-on 30%, \$15 min, \$75 max
 - brand-off 30%, \$60 min, \$150 max





Mail Service Pharmacy Tempe Facility

When you need prescriptions for chronic long-term health conditions such as;

- * high blood pressure
- * asthma
- * diabetes

You may order up to a 90-day supply of medication and have it shipped to your home

- * Remember to include the completed mail registration form with your first order



New Benefit for 2004 !



- ★ Members can purchase certain previously 'non covered' items and receive the Maricopa County negotiated discount. Covered items include:

- ✓ Legend nutritional/dietary supplements
- ✓ Fertility medications
- ✓ Cosmetic drugs (hair treatments, penlac and anti-wrinkle medications)

- ★ Members will be responsible for 100% of the cost of these medications after the discount is applied.



WHI New Member Website

www.mywhi.com





Clinical Services	Home Care	Member Services	About Us
Mail Service Pharmacy	Specialty Pharmacy	PBM	

Welcome to Walgreens Health Initiatives!



Welcome to Walgreens Health Initiatives your source for comprehensive pharmacy benefit management services including mail service, home care, and specialty pharmacy services.

[Online Mail Service Registration Form](#)

[Pharmacy Locator](#)

Mail Service Ordering
For online refills [click here!](#)
For new prescription orders [click here!](#)

Member Services
Pharmacy Locator, [click here!](#)
Patient Drug Formulary [click here!](#)

Drug Information
Rx specific details [click here!](#)
Product news [click here!](#)

Member Forms
For enrollment, registration, and prescription order forms, [click here!](#)

Home	Member Forms	Careers	Contacts	FAQs	Site Map	Terms/Conditions
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- ★ Pharmacy Locator
- ★ Mail Service Registration
- ★ Prescription Refills
- ★ Formulary and Copays
- ★ Drug Information
- ★ Health Information

[About Us](#)[FAQs](#)

Rx History?
Coverage?
Drug Info?
Co/Pay?
Eligibility?
Providing the answers...

[Please Sign In ▼](#)[NEW MEMBER? REGISTER NOW](#)

User Name

Password

[FORGOT YOUR
PASSWORD?](#)**ENTER**

Member Services

- Check Drug Coverage/Copay
- Check Eligibility
- Search the Formulary
- Download Formulary
- Locate a Nearby Pharmacy
- Review Prescription History

Mail Service

- Order Refills Online
- Register Online
- Update Online Registration
- Print Registration & Order Form
- Print Physician Fax Form
- Order Non-Prescription Items

Online Tools

- Look Up Drug Information
- Product News

**Pharmacy Benefit
Management****Mail Service
Pharmacy****Home Care
Services****Specialty
Pharmacy**

Pharmacy Benefit Management

Welcome to Walgreens Health Initiatives (WHI), your pharmacy benefit provider. Your health plan has selected us to manage your pharmacy benefit. To receive your prescription benefit, present your WHI ID card at any of more than 50,000 participating pharmacies nationwide when you fill or refill your prescriptions (depending on your plan design). Or, use our convenient mail service pharmacy and have your prescriptions delivered right to your home.

Register



Take advantage of all "mywhi.com" has to offer by [registering](#). You can view your prescription history, confirm whether your medication is covered under your plan, and check copayments on your computer. In addition, you can e-mail us any questions you may have concerning your pharmacy benefit.

Drug Coverage/Copayment Look Up



If you already are registered with WHI and want to see if your drug is covered or look up your copayment on a medication, you may do so [here](#).

Find Your Nearest Retail Pharmacy :



Provide us with your location, and we can tell you where the [nearest participating pharmacies](#) are located.


Search Our Formulary



WHI has selected clinically effective drugs for its formulary, designed to save both you and your plan money. Find out if your medication is a generic or preferred brand by [searching our formulary](#).

WHI Member Website

www.mywhi.com



Navigation links: About Us, FAQs

Walgreens HEALTH INITIATIVES

Pharmacy Benefit Management | Mail Service Pharmacy | Home Care Services | Specialty Pharmacy

Please Sign In ▼

NEW MEMBER? REGISTER NOW

User Name:

Password:

[FORGOT YOUR PASSWORD?](#)

Member Services

- Check Drug Coverage/Copay
- Check Eligibility
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Registration

Registering is easy! Simply fill in the requested information below. Registering with our web site will give you access to your personal prescription benefit information. Please have your prescription ID card available when registering.

*Indicates mandatory field
**Indicates that either one or the other must be filled in

Personal Information

*Cardholder ID:

**Rx Group Number:

*First Name:

*Last Name:

*Choose a User Name:

Username requires minimum of 6 characters.

*Choose a Password:

Password requires minimum of 6 characters.

*Verify Password:

*Password Hint:

*Relationship to Cardholder:

Rx Group Number: 123456

WHI
www.mywhi.com
XYZ Company
PRESCRIPTION DRUG PROGRAM

RxBIN	603286
RxPCN	01410000
RxGrp	123456
Issuer	(80840)
Name	JOHN O SAMPLE
ID	12345678901

02 MARY 03 LAURA 04 TOM
05 JERRY 06 ANTHONY 07 ANGELA

Cardholder ID: 123456789

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WHI Member Website

www.mywhi.com



Log Out About Us FAQs

Walgreens HEALTH INITIATIVES

Providing the answers...

Welcome

Albert

Last Login: 09/10/03 01:21 (CST)

[UPDATE REGISTRATION INFORMATION](#)

Member Services

- [Check Drug Coverage/Copay](#)
- [Check Eligibility](#)
- [Search the Formulary](#)
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Online Tools

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Pharmacy Benefit Management

Mail Service Pharmacy

Home Care Services

Specialty Pharmacy

Drug Coverage and Copay Information [Help Me](#)

Drug Name	Brand/Generic	Qty	Mail Pharmacy		Retail Pharmacy		
			Days Supply	Copay	Qty	Days Supply	Copay
MEVACOR 20MG TABLET	Brand	90	90 Days	\$20.00	30	30 Days	\$51.10
LOVASTATIN 20MG TABLET	Generic	90	90 Days	\$10.00	30	30 Days	\$10.00

Days Supply

You may receive up to 30 days supply from your local pharmacy for most prescriptions. You may receive up to 90 days supply from Mail Service for most prescriptions. [Recalculate copay](#) based on a new days supply and/or quantity.

Perform a new search

[Go](#)

Important Notice


- Copayments are based on information provided by your plan sponsor. Your plan sponsor may have the right to change your copayment at anytime.
- Copayments may vary based on plan design, pharmacy usual retail price, etc.
- Check with your physician or other healthcare professional to determine if an alternative drug, strength, or dosage form is appropriate for you.
- Generic products included in the grid boxes above are FDA-approved generic equivalents of the brand -name drug identified.
- Displayed alternative drugs may not be covered under your benefit plan.
- A preferred generic alternative drug is an acceptable alternative to the non-preferred brand.
- Generic or brand alternative drugs displayed may not be covered under your benefit plan.
- Days supply and quantity may vary based on plan design and the local retail pharmacy from which you receive your prescription.

Walgreens.com Health Library
Featuring
MAYO CLINIC
Health Information

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WHI Member Website

www.mywhi.com



Walgreens
HEALTH
INITIATIVES

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Pharmacy Benefit Management **Mail Service Pharmacy** **Home Care Services** **Specialty Pharmacy**

Drug Status Information [Help Me](#)

Drug Name	Formulary Status	Category	Copay/Coverage
CLICK DRUG TO VIEW DRUG INFORMATION		CLICK CATEGORY TO VIEW DRUGS IN CATEGORY	
PROTONIX 20MG TABLET EC	Non-Preferred Brand	GASTRIC ACID SECRETION REDUCERS	Check

Preferred Generic Alternatives

omeprazole [Check Copay/Coverage](#)

Preferred Brand Alternatives

Aciphex [Check Copay/Coverage](#)
Nexium [Check Copay/Coverage](#)

Be sure to consult with your physician before taking any of the alternatives listed here in order to confirm their appropriateness.

Perform a new search

Walgreens.com Health Library
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Health Information

Important Notice

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QUESTIONS

